03/13/07 Cost & Use 2004

MEDICARE CURRENT BENEFICIARY SURVEY

Administrative Identification

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This file contains information about the sample person from administrative records maintained by the Centers for Medicare and Medicaid Services. It contains basic demographic information (date of birth and gender), insurance information (Medicare entitlement, Medicaid eligibility, HMO enrollment), and summarizes the sample person's Medicare utilization for the calendar year. There is one record for each person who completed an interview.

RIC	1	2			C	Record Identification Code
VERSION	3	1			C	Version Number
BASEID	4	8	\$BSIDFMT		C	Unique SP Identification Number
				12,079	LOW-HIGH	BASEID Count
H_DOB	12	8	\$DTE8FMT		C	Date of birth (YYYYMMDD)
				12,079		Date as YYYYMMDD
H_DOD	20	8	\$DTE8FMT		C	Date of death (YYYYMMDD)
				11,443 636		Missing Date as YYYYMMDD
		_		030	_	
H_DODSRC	28	2	\$SRCFMT		C	Source of date of death
				11,443		No date of death
				0	01	From Medicare bill
				0	03	Clerical entry
				0	05	Bill and clerical entry
				375		Proven Medicare Benefits record
				47		Proven Medicare Benefits record & bills
				184		Unproven Medicare Benefits record
				28		Unproven Mcare Benefits record & bills
				1		Unproven Mcare Benefits rec & clerical
				1		Unproven Mcare Benefits rec, bill & cler
II (ID)	2.0	1	A C D X D M T	_		- ·
H_SEX	30	1	\$SEXFMT		C	Gender code
				5,348	1	Male
				6,731	2	Female
H_RACE	31	1	\$RACEFMT		C	Race code
				21	0	Unknown
				10,177	1	White
				1,233	2	Black
				140	3	Other
				145	4	Asian
				299	5	Hispanic
				64	6	North American Native
H_AGE	32	3			N	SP age based on CMS date of birth

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2004						version. I
Variable				Frequency ComQues# FacQues#		
D_STRAT	35	1	\$AGEFMT		C MCBS Sample age stratum	
				1,020	1 0-44	
				1,060	2 45-64	
				2,081	3 65-69	
				2,063	4 70-74	
				1,903	5 75-79	
				1,915	6 80-84	
				2,037	7 85 +	
H_ENT01	36	1	\$ENTFMT		C Medicare entitlement code for	Jan
				392	A Part A Medicare only	
				107	B Part B Medicare only	
				11,255	C Parts A and B Medicare	
				325	N No Medicare entitlement	
H_ENT02	37	1	\$ENTFMT		C Medicare entitlement code for	Feb
				392	A Part A Medicare only	
				107	B Part B Medicare only	
				11,227	C Parts A and B Medicare	
				353	N No Medicare entitlement	
H_ENT03	38	1	\$ENTFMT		C Medicare entitlement code for	Mar
				392	A Part A Medicare only	
				106	B Part B Medicare only	
				11,196	C Parts A and B Medicare	
				385	N No Medicare entitlement	
H_ENT04	39	1	\$ENTFMT		C Medicare entitlement code for	Apr
				390	A Part A Medicare only	
				105	B Part B Medicare only	
				11,157	C Parts A and B Medicare	
				427	N No Medicare entitlement	
H_ENT05	40	1	\$ENTFMT		C Medicare entitlement code for	May
				393	A Part A Medicare only	
				104	B Part B Medicare only	
				11,130	C Parts A and B Medicare	
				452	N No Medicare entitlement	
H_ENT06	41	1	\$ENTFMT		C Medicare entitlement code for	Jun
				401	A Part A Medicare only	
				102	B Part B Medicare only	
				11,103	C Parts A and B Medicare	
				473	N No Medicare entitlement	
H_ENT07	42	1	\$ENTFMT		C Medicare entitlement code for	Jul
				390	A Part A Medicare only	
				79	B Part B Medicare only	
				11,129	C Parts A and B Medicare	
				481	N No Medicare entitlement	

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2004						version. 1
Variable	Col	Len		Frequency ComQues# FacQues	# Variable Type & Label	
H_ENT08	43	1	\$ENTFMT		C Medicare entitlement code for	Aug
				387	A Part A Medicare only	
				79	B Part B Medicare only	
				11,108	C Parts A and B Medicare	
				505	N No Medicare entitlement	
H_ENT09	44	1	\$ENTFMT		C Medicare entitlement code for	Sep
				377	A Part A Medicare only	
				76	B Part B Medicare only	
				11,093	C Parts A and B Medicare	
				533	N No Medicare entitlement	
H_ENT10	45	1	\$ENTFMT		C Medicare entitlement code for	Oct
				382	A Part A Medicare only	
				75	B Part B Medicare only	
				11,068	C Parts A and B Medicare	
				554	N No Medicare entitlement	
H_ENT11	46	1	\$ENTFMT		C Medicare entitlement code for	Nov
				387	A Part A Medicare only	
				75	B Part B Medicare only	
				11,031	C Parts A and B Medicare	
				586	N No Medicare entitlement	
H_ENT12	47	1	\$ENTFMT		C Medicare entitlement code for	Dec
				389	A Part A Medicare only	
				75	B Part B Medicare only	
				11,017	C Parts A and B Medicare	
				598	N No Medicare entitlement	
H_DOE	48	8	\$DTE8FMT		C Medicare entitlement start da	te
				1	Missing	
				12,078	Date as YYYYMMDD	
H_DOT	56	8	\$DTE8FMT		C Medicare entitlement end date	
				12,051	Missing	
				28	Date as YYYYMMDD	
H_MEDSTA	64	2	\$MSCFMT		C Medicare status code as of 12	/31
				12	Unknown	
				9,937	10 Aged, no ESRD	
				51	11 Aged, ESRD	
				2,022	20 Disabled, no ESRD	
				35	21 Disabled, ESRD	
				22	31 ESRD only	

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U Active uninsured status (no SSA check)

XF Transfer to another PC or DIO

X5 TERM-entitled to another benefit

X1 TERM-death of insured

X7 TERM of uninsured

X9 TERM miscellaneous ZZ Erroneous entitlement

XR Terminated -

Administrative Identification

Variable Col Len Format Frequency ComQues# FacQues# Variable Type & Label H_LAF 66 2 \$LAFFMT C Status of SSA check (LAF) as of 12/31 18 Unknown AD Cur pay-adj for dual entitlement 0 Λ AF Transfer to another PC or dio Ω A9 Cur pay-miscellaneous adjustment 11,062 C Current payment status DW Deferred-Workers' Compensation 1 D2 DEF-retirement test 1 0 D3 DEF-D2 for primary D6 DEF-recover overpayment 4 1 D9 DEF-miscellaneous reason 0 J Advanced filing-current pay 0 L2 Advanced filing-worked inside U S L3 Advanced filing-insured worked in U S Ω N Not in pay status 0 PB Delayed-benefit due but not paid 0 R Cur pay-Part B reinstated Ω RN Cur pay-Part B reinstated 2 S SUSP-deferred retirement 1 SD SUSP-other SF SUSP-fails to meet residence requirment SH SUSP-government pension 41 SP SUSP-public assistance SW SUSP-Workers' Compensation 0 3 S0 SUSP-continuing disability investig 0 S2 SUSP-fails retirement test ${\tt S3}$ SUSP-primary account ${\tt S2}$ Ω S6 SUSP-check returned for address S7 SUSP-vocational rehab refusal 14 0 S8 SUSP-payee not determined 7 S9 SUSP-miscellaneous reason Ω TA TERM-prior to entitlement 0 TJ TERM-prior to entlmt, not stop debit 0 TR TERM-claim withdrawn TO TERM-benefits paid by another agency 596 T1 TERM-death of beneficiary 0 T2 TERM-death of primary T3 TERM-divorce, marriage, remarriage 1 Ω T4 TERM-dependent child attained age 18 0 T5 TERM-entitled on another account T6 TERM-child no longer student, disabled 2 T8 TERM-recovery from disability Ω T9 TERM-miscellaneous

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0 0

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Variable	Col	Len		Frequency	Variable Type & Label
H_RESST	68	2	\$STFMT		C SSA State code of residence as of 12/31
				426	01 Alabama
				0	02 Alaska
				239	03 Arizona
				101	04 Arkansas
				926	05 California
				109	06 Colorado
				161	07 Connecticut
				2	08 Delaware
				16	09 Washington, DC
				893	10 Florida
				357	11 Georgia
				0	12 Hawaii
				1	13 Idaho
				407	14 Illinois
				37	15 Indiana
				109	16 Iowa
				123	17 Kansas
				216	18 Kentucky
				117	19 Louisiana
				0	20 Maine
				148	21 Maryland
				207	22 Massachusetts
				643	23 Michigan
				202	24 Minnesota
				1	25 Mississippi
				330	26 Missouri
				0	27 Montana
				107	28 Nebraska
				245	29 Nevada
				0	30 New Hampshire
				347	31 New Jersey
				232	32 New Mexico
				792	33 New York
				617	34 North Carolina
				0	35 North Dakota
				604	36 Ohio
				117	37 Oklahoma
				2	38 Oregon
				612	39 Pennsylvania
				217	40 Puerto Rico
				1	41 Rhode Island
				122	42 South Carolina
				0	43 South Dakota
				318	44 Tennessee
				738	45 Texas
				4	46 Utah
				1	47 Vermont
				122	48 Virgin Islands
				132	49 Virginia
				472	50 Washington 51 West Virginia
				151	51 West Virginia 52 Wisconsin
				348 114	52 Wisconsin 53 Wyoming
				114	Unknown
H_RESCTY	70	3	\$CTYFMT		C SSA county code of residence as of 12/31
					1
				15	Unknown
				12,064	County code

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Variable	Col	Len	Format	Frequency	ComQues# FacQues#	riable Type & Label	
H_ZIP	73	5	\$ZIPFMT			Postal zip code of a	residence as of 12/31
11_211	, 5	3	Y 2 1 1 1 1 1 1			robtar zip coae or i	replacified ab of 12/31
				15 12,064		Unknown ZIP Code	
H_CENSUS	78	2	\$CENFMT			Census Region of res	sidence as of 12/31
				370		New England	
				1,751		Middle Atlantic	
				2,039		East North Central	
				871		West North Central	
				2,438 961		South Atlantic East South Central	
				1,073		West South Central	
				944		Mountain	
				1,400		Pacific	
				217		Puerto Rico	
				15		Jnknown	
H_METRO	80	1	\$METFMT			Metro status	
				3,175		Non-metro area	
				15		Unknown	
				8,889		Metro area	
H_HSBEG1	81	8	\$DTE8FMT			Beginning date of la	atest hospice period
				11,466		Missing	
				613		Date as YYYYMMDD	
H_HSEND1	89	8	\$DTE8FMT			Ending date of lates	st hospice period
				11,466		Missing	
				613		Date as YYYYMMDD	
H_HSBEG2	97	8	\$DTE8FMT			Beginning date of 2r	nd hospice period
				11,909		Missing	
				170		Date as YYYYMMDD	
H_HSEND2	105	8	\$DTE8FMT			Ending date of 2nd h	nospice period
				11,909		Missing	
				170		Date as YYYYMMDD	
H_HSBEG3	113	8	\$DTE8FMT			Beginning date of 31	rd hospice period
				11,964		Missing	
				115		Date as YYYYMMDD	
H_HSEND3	121	8	\$DTE8FMT			Ending date of 3rd h	nospice period
				11,964		Missing	
				115		Date as YYYYMMDD	
H_HSBEG4	129	8	\$DTE8FMT			Beginning date of 4t	th hospice period
				11,993		Missing	
				86		Date as YYYYMMDD	

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	Frequency ComQues# FacQues#	Variable Type & Label	
H_HSEND4 137 8 \$DTE8FM	,	C Ending date of 4th hospice period	
	11,993 86	Missing Date as YYYYMMDD	
H_ESRBEG 145 8 \$DTE8FM		C Beginning date of ESRD period	
	11,907 172	Missing Date as YYYYMMDD	
H_ESREND 153 8 \$DTE8FMT	7	C Ending date of ESRD period	
	11,995 84	Missing Date as YYYYMMDD	
H_GHPSW 161 1 \$GHPSW		C Some group health participation i	n year
	10,423 1,656	0 No enrollment 1 Some enrollment	
H_PARTLC 162 1		C GHP - partial county switch	
H_PLTP01 163 2 \$PLNFMT		C GHP plan type for Jan	
	10,566 46 72 1,395	No enrollment for month 01 Health care prepayment plan 02 Cost HMO 06 Risk HMO	
H_PLAN01 165 5 \$GHPFMT		C GHP contract number for Jan	
	10,566 1,513	N Unknown, or no plan Plan Identifier	
H_PLPY01 170 5		N Medicare capitation payment for J	an
H_PNUM01 175 3		N Number of GHPs in bene area in Ja	n
H_RPNM01 178 3		N Number of risk plans in bene area	in Jan
H_PLTP02 181 2 \$PLNFMT		C GHP plan type for Feb	
	10,563 46 72 1,398	No enrollment for month 01 Health care prepayment plan 02 Cost HMO 06 Risk HMO	
H_PLAN02 183 5 \$GHPFMT		C GHP contract number for Feb	
	10,563 1,516	N Unknown, or no plan Plan Identifier	

N Medicare capitation payment for Feb

N Number of GHPs in bene area in Feb

 ${\tt N}$ Number of risk plans in bene area in Feb

H_PLPY02 188 5

H_PNUM02 193 3

H_RPNM02 196 3

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Variable					ComQues# FacQues#	V	ariable Type & Label		
H_PLTP03						С	GHP plan type for Mar		
				10,572 46 73 1,388		02	No enrollment for month Health care prepayment plan Cost HMO Risk HMO		
H_PLAN03	201	5	\$GHPFMT			С	GHP contract number for Mar		
				10,572 1,507		N	Unknown, or no plan Plan Identifier		
H_PLPY03	206	5				N	Medicare capitation payment	for Mar	
H_PNUM03	211	3				N	Number of GHPs in bene area	in Mar	
H_RPNM03	214	3				N	Number of risk plans in bene	area in Ma	ar
H_PLTP04	217	2	\$PLNFMT			С	GHP plan type for Apr		
				10,575 46 73 1,385		02	No enrollment for month Health care prepayment plan Cost HMO Risk HMO		
H_PLAN04	219	5	\$GHPFMT			С	GHP contract number for Apr		
				10,575 1,504		N	Unknown, or no plan Plan Identifier		
H_PLPY04	224	5				N	Medicare capitation payment	for Apr	
H_PNUM04	229	3				N	Number of GHPs in bene area	in Apr	
H_RPNM04	232	3				N	Number of risk plans in bene	area in A	pr
H_PLTP05	235	2	\$PLNFMT			С	GHP plan type for May		
				10,563 46 74 1,396		02	No enrollment for month Health care prepayment plan Cost HMO Risk HMO		
H_PLAN05	237	5	\$GHPFMT			С	GHP contract number for May		
				10,563 1,516		N	Unknown, or no plan Plan Identifier		
H_PLPY05	242	5				N	Medicare capitation payment :	for May	
H_PNUM05	247	3				N	Number of GHPs in bene area	in MAy	
H_RPNM05	250	3				N	Number of risk plans in bene	area in Ma	ay
H_PLTP06	253	2	\$PLNFMT			С	GHP plan type for Jun		
				10,563 45 75 1,396		02	No enrollment for month Health care prepayment plan Cost HMO Risk HMO		

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Variable	Col	Len	Format	Frequency ComQues# FacQues	# Variable Type & Label
H_PLAN06	255	5	\$GHPFMT		C GHP contract number for Jun
				10,563 1,516	N Unknown, or no plan Plan Identifier
H_PLPY06	260	5			N Medicare capitation payment for Jun
H_PNUM06	265	3			N Number of GHPs in bene area in Jun
H_RPNM06	268	3			N Number of risk plans in bene area in Jun
H_PLTP07	271	2	\$PLNFMT		C GHP plan type for Jul
				10,555 45 75 1,404	No enrollment for month 01 Health care prepayment plan 02 Cost HMO 06 Risk HMO
H_PLAN07	273	5	\$GHPFMT		C GHP contract number for Jul
				10,555 1,524	N Unknown, or no plan Plan Identifier
H_PLPY07	278	5			N Medicare capitation payment for Jul
H_PNUM07	283	3			N Number of GHPs in bene area in Jul
H_RPNM07	286	3			N Number of risk plans in bene area in Jul
H_PLTP08	289	2	\$PLNFMT		C GHP plan type for Aug
				10,555 45 75 1,404	No enrollment for month 01 Health care prepayment plan 02 Cost HMO 06 Risk HMO
H_PLAN08	291	5	\$GHPFMT		C GHP contract number for Aug
				10,555 1,524	N Unknown, or no plan Plan Identifier
H_PLPY08	296	5			N Medicare capitation payment for Aug
H_PNUM08	301	3			N Number of GHPs in bene area in Aug
H_RPNM08	304	3			N Number of risk plans in bene area in Aug
H_PLTP09	307	2	\$PLNFMT		C GHP plan type for Sep
				10,556 43 76 1,404	No enrollment for month 01 Health care prepayment plan 02 Cost HMO 06 Risk HMO
H_PLAN09	309	5	\$GHPFMT		C GHP contract number for Sep
				10,556 1,523	N Unknown, or no plan Plan Identifier
H_PLPY09	314	5			N Medicare capitation payment for Sep

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H_PNUM09 319 3	N Number of GHPs in bene are	ea in Sep
H_RPNM09 322 3	N Number of risk plans in be	ene area in Sep
H_PLTP10 325 2 \$PLNFMT	C GHP plan type for Oct	
	10,549 No enrollment for month 44 01 Health care prepayment pla 77 02 Cost HMO 1,409 06 Risk HMO	an
H_PLAN10 327 5 \$GHPFMT	C GHP contract number for O	ct
	10,549 N Unknown, or no plan 1,530 Plan Identifier	
H_PLPY10 332 5	N Medicare capitation paymen	nt for Oct
H_PNUM10 337 3	N Number of GHPs in bene are	ea in Oct
H_RPNM10 340 3	N Number of risk plans in be	ene area in Oct
H_PLTP11 343 2 \$PLNFMT	C GHP plan type for Nov	
	No enrollment for month 44 01 Health care prepayment pla 76 02 Cost HMO 1,413 06 Risk HMO	an
H_PLAN11 345 5 \$GHPFMT	C GHP contract number for No	ov
	10,546 N Unknown, or no plan 1,533 Plan Identifier	
H_PLPY11 350 5	N Medicare capitation paymen	nt for Nov
H_PNUM11 355 3	N Number of GHPs in bene are	ea in Nov
H_RPNM11 358 3	N Number of risk plans in be	ene area in Nov
H_PLTP12 361 2 \$PLNFMT	C GHP plan type for Dec	
	10,549 No enrollment for month 44 01 Health care prepayment pla 77 02 Cost HMO 1,409 06 Risk HMO	an
H_PLAN12 363 5 \$GHPFMT	C GHP contract number for De	ec
	10,549 N Unknown, or no plan 1,530 Plan Identifier	
H_PLPY12 368 5	N Medicare capitation paymen	nt for Dec
H_PNUM12 373 3	N Number of GHPs in bene are	ea in Dec
H_RPNM12 376 3	N Number of risk plans in be	ene area in Dec

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					omQues# FacQues#	Variable Type & Label	
H_MCSW	379	1	\$SWFMT			C Some Medicaid eligibility for	the year
				0 500		N. N	
				9,588 2,491		N No participation Y Some participation	
				2,491		1 Some participation	
H_MCDE01	380	1	\$MCDCFMT			C Medicaid eligibility for Jan	
				0		A State Part A buy-in	
				915		B State Part B buy-in	
				23		C State Part A and B buy-in	
				62		D State Part A and B QMB buy-in	
				2		E State Part A and B SLMB buy-ir	1
				9,790		N No buy-in this month	
				1,040 247		Q State Part B QMB buy-in	
				247		S State Part B SLMB buy-in	
H_MCDE02	381	1	\$MCDCFMT			C Medicaid eligibility for Feb	
				0		A State Part A buy-in	
				910		B State Part B buy-in	
				23		C State Part A and B buy-in	
				62		D State Part A and B QMB buy-in	
				2		E State Part A and B SLMB buy-ir	1
				9,795		N No buy-in this month	
				1,043 244		Q State Part B QMB buy-in	
				244		S State Part B SLMB buy-in	
H_MCDE03	382	1	\$MCDCFMT			C Medicaid eligibility for Mar	
				0		A State Part A buy-in	
				914		B State Part B buy-in	
				23		C State Part A and B buy-in	
				62		D State Part A and B QMB buy-in	
				1		E State Part A and B SLMB buy-in	1
				9,794		N No buy-in this month	
				1,045		Q State Part B QMB buy-in	
				240		S State Part B SLMB buy-in	
H_MCDE04	383	1	\$MCDCFMT			C Medicaid eligibility for Apr	
				0		A State Part A buy-in	
				908		B State Part B buy-in	
				22		C State Part A and B buy-in	
				64		D State Part A and B QMB buy-in	
				1		E State Part A and B SLMB buy-ir	ı
				9,799		N No buy-in this month	
				1,044		Q State Part B QMB buy-in	
				241		S State Part B SLMB buy-in	
H_MCDE05	384	1	\$MCDCFMT			C Medicaid eligibility for May	
				0		A State Part A buy-in	
				905		B State Part B buy-in	
				22		C State Part A and B buy-in	
				64		D State Part A and B QMB buy-in	
				1		E State Part A and B SLMB buy-in	1
				9,804 1,039		N No buy-in this month Q State Part B QMB buy-in	
				244		S State Part B SLMB buy-in	
				211		5 State rate 5 Shirt bay in	

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H_MCDE06	385	1	\$MCDCFMT			C Medicaid eligibility for Jun
				0		A State Part A buy-in
				897		B State Part B buy-in
				22		C State Part A and B buy-in
				64		D State Part A and B QMB buy-in
				1		E State Part A and B SLMB buy-in
				9,802		N No buy-in this month
				1,043		Q State Part B QMB buy-in
				250		S State Part B SLMB buy-in
H_MCDE07	386	1	\$MCDCFMT			C Medicaid eligibility for Jul
				0		A State Part A buy-in
				901		B State Part B buy-in
				22		C State Part A and B buy-in
				87		D State Part A and B QMB buy-in
				1		E State Part A and B SLMB buy-in
				9,803		N No buy-in this month
				1,020		Q State Part B QMB buy-in
				245		S State Part B SLMB buy-in
H_MCDE08	387	1	\$MCDCFMT			C Medicaid eligibility for Aug
				0		A State Part A buy-in
				902		B State Part B buy-in
				22		C State Part A and B buy-in
				88		D State Part A and B QMB buy-in
				1		E State Part A and B SLMB buy-in
				9,803		N No buy-in this month
				1,014		Q State Part B QMB buy-in
				249		S State Part B SLMB buy-in
H_MCDE09	388	1	\$MCDCFMT			C Medicaid eligibility for Sep
				0		A State Part A buy-in
				896		B State Part B buy-in
				22		C State Part A and B buy-in
				91		D State Part A and B QMB buy-in
				1		E State Part A and B SLMB buy-in
				9,810		N No buy-in this month
				1,012		Q State Part B QMB buy-in
				247		S State Part B SLMB buy-in
H_MCDE10	389	1	\$MCDCFMT			C Medicaid eligibility for Oct
				0		A State Part A buy-in
				891		B State Part B buy-in
				22		C State Part A and B buy-in
				90		D State Part A and B QMB buy-in
				1		E State Part A and B SLMB buy-in
				9,812		N No buy-in this month
				1,016		Q State Part B QMB buy-in
				247		S State Part B SLMB buy-in

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						Variable Type & Label
H_MCDE11			\$MCDCFMT		 	C Medicaid eligibility for Nov
_				0		A State Part A buy-in
						-
				890		B State Part B buy-in
				22		C State Part A and B buy-in
				90		D State Part A and B QMB buy-in
				1		E State Part A and B SLMB buy-in
				9,816		N No buy-in this month
				1,017		Q State Part B QMB buy-in
				243		S State Part B SLMB buy-in
H_MCDE12	391	1	\$MCDCFMT			C Medicaid eligibility for Dec
				1		A State Part A buy-in
				878		B State Part B buy-in
				21		C State Part A and B buy-in
				90		D State Part A and B QMB buy-in
				1		E State Part A and B SLMB buy-in
				9,844		N No buy-in this month
				1,004		Q State Part B QMB buy-in
				240		S State Part B SLMB buy-in
H_MACY01	392	3	\$MACYFMT			C Buy-in agency for Jan
				9,790		N Unknown, or no buy-in
				2,289	S00-S9	9 State Agency code
				0		9 State Agency code
H_MACY02	395	3	\$MACYFMT			C Buy-in agency for Feb
				9,795		N Unknown, or no buy-in
				2,284	S00-S9	9 State Agency code
				0	000-99	9 State Agency code
H_MACY03	398	3	\$MACYFMT			C Buy-in agency for Mar
				9,794		N Unknown, or no buy-in
				2,285	S00-S9	9 State Agency code
				0	000-99	9 State Agency code
H_MACY04	401	3	\$MACYFMT			C Buy-in agency for Apr
				9,799		N Unknown, or no buy-in
				2,280	S00-S9	9 State Agency code
				0	000-99	9 State Agency code
H_MACY05	404	3	\$MACYFMT			C Buy-in agency for May
				9,804		N Unknown, or no buy-in
				2,275		9 State Agency code
				0		9 State Agency code
H_MACY06	407	3	\$MACYFMT			C Buy-in agency for Jun
				9,802		N Unknown, or no buy-in
				2,277		9 State Agency code
				0		9 State Agency code
				O	200 22	

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Variable	Col				ComQues# FacQues#	Variable Type & Label	
H_MACY07	410	3	\$MACYFMT			C Buy-in agency for Jul	
				9,803		N Unknown, or no buy-in	
				2,276		99 State Agency code	
				0		99 State Agency code	
H_MACY08	413	3	\$MACYFMT			C Buy-in agency for Aug	
				9,803		N Unknown, or no buy-in	
				2,276		99 State Agency code	
				0	000-99	99 State Agency code	
H_MACY09	416	3	\$MACYFMT			C Buy-in agency for Sep	
				9,810		N Unknown, or no buy-in	
				2,269 0		99 State Agency code	
				U	000-99	99 State Agency code	
H_MACY10	419	3	\$MACYFMT			C Buy-in agency for Oct	
				9,812		N Unknown, or no buy-in	
				2,267 0		99 State Agency code 99 State Agency code	
				O	000-93	of State Agency Code	
H_MACY11	422	3	\$MACYFMT			C Buy-in agency for Nov	
				9,816		N Unknown, or no buy-in	
				2,263 0		99 State Agency code 99 State Agency code	
	405	2	41.2				
H_MACY12	425	3	ŞMACYFMI.			C Buy-in agency for Dec	
				9,844		N Unknown, or no buy-in	
				2,235		99 State Agency code	
				U	000-99	99 State Agency code	
H_HOSSW	428	1	\$UTLFMT			C One or more hospice bills in CY	
				11,800		0 No utilization this type	
				279		1 Some utilization this type	
H_INPSW	429	1	\$UTLFMT			C One or more inpatient discharges in CY	
				9,673		0 No utilization this type	
				2,406		1 Some utilization this type	
H_SNFSW	430	1	\$UTLFMT			C One or more SNF admissions in CY	
				11,532		0 No utilization this type	
				547		1 Some utilization this type	
H_HHASW	431	1	\$UTLFMT			C 1 = one or more HHA visits in CY	
				11,145		0 No utilization this type	
				934		1 Some utilization this type	
II OIMON	420	-1	ATIMIT PAGE			G One on more submobiles to deliber in GV	
H_OUTSW	432	1	\$UTLFMT			C One or more outpatient visits in CY	
				4,750		0 No utilization this type	
				7,329		1 Some utilization this type	

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Variable	Col	Len			ComQues# FacQues#	Variable Type & Label
H_PBSW	433	1	\$UTLFMT			C One or more Part B claims in CY
				2,194 9,885		0 No utilization this type 1 Some utilization this type
H_PTARMB	434	7				N Total Part A reimbursement in CY (\$)
H_PTBRMB	441	7				N Total Part B reimbursement in CY (\$)
H_PTAPRM	448	8				N Total Pt. A premium SP paid in CY (\$.CC)
H_PTBPRM	456	8				N Total Pt. B premium SP paid in CY (\$.CC)
H_LATDCH	464	8	\$DTE8FMT			C Discharge date of latest inpatient stay
				9,673 2,406		Missing Date as YYYYMMDD
H_LATDRG	472	3	\$DRGFMT			C DRG code for latest inpatient stay
				9,673 2,406		Unknown, or no discharge DRG
H_DISDES	475	2	\$STATUS			C Discharge dest for latest inpatient stay
				9,673 1,310 17 411 37 10 346 12 2 163 6 0 0 28 19 20 0 0 25		Missing O1 Discharged to home/self care O2 Discharged to other short-term hospital O3 Discharged to skilled nursing facility O4 Discharged to intermediate care facility O5 Disch to another type of institution O6 Discharged to home care of organized HMO O7 Left against medical advice/stopped care O8 Disch home under care of IV therapy prov O5 Expired (did not recover Christian Sci) O6 Still patient O7 Expired at home (hospice claims only) O7 Expired in hospital, SNF, ICF or hospice O7 Expired in unknown place (hospice only) O7 Hospice - home (eff. 10/96) O7 Hospice - medical facility (eff. 10/96) O7 Disch w/i facility to swing-bed SNF (99) O7 Disch to other facility for O/P svcs (99) O7 Other destination
H_INPSTY	477	2				N No. of inpatient stays for CY
H_INPDAY	479	3				N No. of inpatient covered days for CY
H_INPCHG	482	7				N Inpatient charges for CY (\$)
H_INPCCH	489	7				N Inpatient covered charges for CY (\$)
H_INPRMB	496	7				N Inpatient reimbursement for CY (\$)
H_INPCDY	503	2				N Inpatient covered days used in CY
H_INPCAM	505	5				N Total inpatient coinsurance amt CY (\$)
H_SNFSTY	510	2				N Total SNF stays in CY

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						_	_					Variable Type & Label	
H_SNFDAY												N Total SNF covered days in CY	-
H_SNFCHG												N Total SNF charges in CY (\$)	
H_SNFCCH												N Total SNF covered charges in CY (\$)	
H_SNFRMB												N Total SNF reimbursement in CY (\$)	
_													
H_SNFCDY												N Total SNF coinsurance days in CY	
H_SNFCAM												N Total SNF coinsurance amount in CY (\$)	
H_HHAVST												N Total HHA visits in CY	
Н_ННАССН												N Total HHA covered charges in CY (\$)	
н_ннасно	558	7										N Total HHA other covered charges CY (\$)	
H_HHRMBA	565	7										N Total HHA reimbursement in CY (\$), Pt. A	
			Note:	Pri	or	to 1	998	this	was	ino	cluded	in H_HHARMB.	
H_HHRMBB	572	7										N Total HHA reimbursement in CY (\$), Pt. B	
			Note:	Pri	or	to 1	998	this	was	ino	cluded	in H_HHARMB.	
H_HSDAYS	579	3										N Total covered hospice days in CY	
H_HSTCHG	582	7										N Total hospice charges CY (\$)	
H_HSREIM	589	7										N Total hospice reimbursement in CY (\$)	
H_OUTBIL	596	3										N Total outpatient bills in CY	
H_OUTCHG	599	7										N Total outpatient covered charges CY ($\$$)	
H_OUTRMB	606	7										N Total outpatient reimbursement CY (\$)	
H_PMTCLM	613	4										N Total physician/supplier claims in CY	
H_PMTLIN	617	4										N Total phys./supplier line items in CY	
H_PMTSCH	621	7										N Total submitted phys/supplier charge (\$)	
H_PMTACH	628	7										N Total allowed phys/supplier charges (\$)	
H_PMTRMB	635	7										N Total phys/supplier reimbursement (\$)	
H_PMTVST	642	3										N Total office visits in CY	
н_рмтсно	645	7										N Total office visit charges in CY (\$)	
H_DMECLM	652	4										N Total DME supplier claims in CY	
			Note:	Pri	or	to 1	998	this	was	ino	cluded	in H_PMTCLM.	
H_DMELIN	656	4										N Total DME supplier line items in CY	
			Note:	Pri	or	to 1	998	this	was	ino	cluded	in H_PMTLIN.	
			wore.	LII	·ΟĽ	LU I	220	CIIIS	was	• TII(LLUGEG	III II_EMILIIN.	

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Variable Col Len For	mat Frequency ComQues# FacQues# Variable Type & Label	
H_DMESCH 660 7	N Total DME supplier submit	ted charges (\$)
Not	e: Prior to 1998 this was included in H_PMTSCH.	
H_DMEACH 667 7	N Total DME supplier allowed	d charges (\$)
Not	e: Prior to 1998 this was included in H_PMTACH.	
H_DMERMB 674 7	N Total DME supplier reimbu	rsement (\$)
Not	e: Prior to 1998 this was included in H_PMTRMB.	